

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E359		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  ST JOHNS HOME FOR THE AGED				STREET ADDRESS, CITY, STATE, ZIP CODE 1236 LINCOLN AVENUE EVANSVILLE, IN47714			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/21/11</p> <p>Facility Number: 000443 Provider Number: 15E359 AIM Number: 100289580</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, St. Johns Home for the Aged was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This two story facility with a ground level was determined to be of Type I (443) construction and</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0050 SS=F	<p>was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, spaces open to the corridors, and resident rooms. The facility has a capacity of 47 and had a census of 42 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/23/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. This</p>			K0050	<p>The corrective actions that were put in place are that drills will be conducted each month as before and on each sheet to document which shift the drill has taken place, in the upper right hand corner, will be a space which will</p>		07/21/2011

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K0144 SS=F	<p>deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's green Fire Drill/Inspections folder on 06/21/11 at 12:15 p.m. with the Maintenance Supervisor present, the facility conducted twelve fire drills since June of 2010, however, they lacked written documentation a fire drill was conducted during the first shift (day) of the third quarter (July, August, and September) of 2010. This was acknowledged by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed,</p>				<p>be designated "shift", so as to keep track of drills per quarter. Also, the drill planning sheet will be followed and any other drills, false or otherwise, will be documented and place in the file along with the drills.</p> <p>The measures that will be put in place are the same as above.</p> <p>The corrective actions that were put in place are that any alarms that are not planned as drills will be documented, but not counted in the 12 drills per year – the drill planning sheet will be followed for the prescribed drills per shift and per quarter.</p> <p>The measures that will be put in place are the same as above.</p>		
	<p>K0144</p> <p>Vendors have been hired to bring wiring from the generator to a remote spot, the receptionist desk, which is occupied 24 / 7. At this location an emergency button will be installed which will shut down the engine to the generator if the need arises.</p> <p>There is a monitoring device at</p>			K0144			07/21/2011

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	<p>tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observation on 06/21/11 between 9:15 a.m. and 11:15 a.m. during a tour of the facility with the Maintenance Supervisor, no evidence of a remote shut off device was found for the generator. Based on interview at 9:20 a.m., the</p>				<p>the receptionist desk which monitors the generator's operations. An alarm will sound and an indicator light will light up. The personnel at the desk will be able to monitor and act accordingly and shut down the generator.</p> <p>Annually the generator vendor does an inspection and preventive maintenance of the operation of the generator. During the annual inspection, the vendor will check the operation of the emergency remote shut down to test its effectiveness.</p>		

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	Maintenance Supervisor indicated the generator was 150 horsepower, and further indicated there was no remote shut off device for the generator.  3.1-19(b)						